

MASSACHUSETTS COMMISSION ON THE STATUS OF WOMEN

Greater Boston Public Hearing Summary Report

June 11, 2003 4:30-6:30 p.m. Simmons College Conference Center

Co-Sponsored by:

Simmons Institute for Leadership and Change at Simmons
The Boston Women's Commission
The Cambridge Women's Commission
The Somerville Women's Commission



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Preface

On June 11, 2003, the Massachusetts Commission on the Status of Women held its 12th public hearing at Simmons College Conference Center, The Fenway.

The purpose of this hearing was for Commissioner's to learn what matters most to the women of Massachusetts. Topics included: What impact has this year's budget cuts had on women and their families? Where do gaps or barriers in service exist? What do the women of the Commonwealth need most?

The Commission hopes that this information will be utilized to create positive change for women across the Commonwealth.

Attendees

Commissioners

Marianne Fleckner, Chair
Elaine Guiney, Vice-Chair
Barbara Gomes-Beach, Treasurer
Jo Anne Thompson, Secretary
Nilka Alvarez-Rodriguez
Kathleen Casavant
Dr. Helen Jackson
Susana Segat
Dianne Luby

MCSW Staff

Linda Brantley, Executive Director
Paula Daddona, Project Manager
Allison Hooper, Student Intern
Lynn Arsenault, Student Intern
Judy Wright, Temporary Administrative Assistant

Elected Officials

Linda Lank on behalf of State Senator Dianne Wilkerson Stephanie Wade on behalf of State Representative Frank Smizik

Community participants

Kysha Allen, The WAITT House (We are All in This Together)

Melanie Bates, Women's Institute for Housing and Economic Development

Maria Blanco, Parent and University of Massachusetts Student

Judy Bradford, Fenway Community Health Center

Becky Burkhold, Cambridge Women's Center

Dina Carbonell, Simmons College

Ana Cardoso, The WAITT House (We are All in This Together)

Connie Chow, Amnesty International USA

Nancy Court, MOVA (Massachusetts Office for Victim Assistance)

Karen Dempsey, MOVA

Alexandra Detjers, Haven at Massachusetts General Hospital Nan Dumas, Our Bodies Our Selves

Alex Gural, Massachusetts General Hospital

Shelly Harter, Women's Fightback Network

Erika Kates, Center for Women in Politics and Public Policy, UMASS Boston Evelyn Keene

Christa Kelleher, Greater Boston Chapter of NOW (National Organization for Women)

Leslie Lawrence, Commonwealth Address Confidentiality Program

Community participants continued

Adrienne Lazeroff

Alana Libow, Women and Public Policy Program, UMASS Boston Christine Lopes, EEA (Early Education for All)

Maureen Lynch, Quincy Mayor's Commission on the Status of Women Polina Makiersky, Close to Home

Maria Marasco, Medical Diagnostic Healthcare Corp.

Lauren Menzies, Women and Public Policy Program, UMASS Boston Kathy Millstein, Simmons College School of Social Work

LeNelle Mozell

Ron Owens, The WAITT House (We are All in This Together)
Joanne Prince, OWC

Alexis Renwanz, Boston University Student

Laurie Robinson, U.S. Dept. of Health and Human Services on Women's Health Laura Roskos, Simmons School of Management

Patricia Schroeder, Greater Boston National Organization for Women (NOW)
Mary Catherine Shull, Community Advocacy Program (CCHERS)
Lindsay Snyder, The Women's Educational and Industrial Union

Beverly Strauss

Kelly Sullivan, Massachusetts Legal Assistance Corp. Jaime Suvak, BARCC (Boston Area Rape Crisis Center) Jill Taylor, Simmons College

Aimee Thompson, Close to Home

Toni Troop, Jane Doe, INC.

Meghan Wagner, The Medical Foundation

Susan Whalen, Massachusetts Breast Cancer Coalition Geraldine Williams, The WAITT House (We are All in This Together) Loretta Williams, Gustavus Myers Center, Simmons College

Welcome and Introduction: Marianne Fleckner, MCSW Chair

Chair Fleckner welcomed members of the community to the Massachusetts Commission on the Status of Women's (MCSW) public hearing. She thanked Simmons College for hosting the hearing, in particular Diane Hammer of Simmons Institute for Leadership and Change. Chair Fleckner also thanked the local Women's Commissions of Boston, Cambridge, and Somerville for cosponsoring the event and helping with outreach.

Marie Turley, Executive Director of the Boston Women's Commission was introduced. It was noted that due to other commitments beyond their control, Nancy Ryan, Executive Director of the Cambridge Women's Commission and Christie Mase, Executive Director of the Somerville Women's Commission, were not able to attend.

Chair Fleckner then introduced the MCSW Commissioners in attendance as well as Linda Brantley, MCSW Executive Director and the Commission staff.

Chair Fleckner explained that the testimony at the hearing would be compiled into a summary report that would be distributed to hearing participants, the Governor, Senate President, Speaker of the House of Representatives, Caucus of Women Legislators, policymakers and other key organizations and individuals. It is hoped that the information will be utilized to create positive change for women of the Commonwealth.

Chair Fleckner then discussed the ground rules for testimony and explained that the testimonies would be heard in the order people signed in at the registration desk and that all testimonies would be recorded.

Summary of Testimony

The following summaries are based on notes from the hearing, the audiocassette recording of the testimony and submitted written testimony.

Susan Whalen

Massachusetts Breast Cancer Coalition

Ms. Whalen thanked the Commission for holding the forum. She introduced the Massachusetts Breast Cancer Coalition (MBCC), which is a "grassroots advocacy organization challenging the status quo around breast cancer."

Ms. Whalen stated that MBCC was founded by a group of women who were concerned about the lack of attention to breast cancer. Through the advocacy of this group, the awareness of the depth of the breast cancer "epidemic" in Massachusetts came to light and "twelve years later, we're still fighting an uphill battle."

Ms. Whalen testified that a woman in the United States has a one-in-eight chance of developing invasive breast cancer in her lifetime. She further noted that approximately three million women in the United States are living with breast cancer, two million of which have been diagnosed and one million of whom are unaware that they have the disease.

Ms. Whalen stated that prevention, rather than relying on detection alone, is necessary in fighting the breast cancer "epidemic." The questions where is the breast cancer coming from, and what is causing it, must be answered. Ms. Whalen stated that research into environmental links to diseases would offer genuine hope for identifying preventable causes and that this approach to fighting breast cancer is the focus of the mission of the MBCC. She noted that it is this focus that sets them apart from other breast cancer organizations.

Ms. Whalen stated that the Massachusetts Legislature has previously invested in this research, but that the current budget crisis has caused the cutting of all funding for research. She stated that approximately \$100,000, which the program had received over the last four or five years, was cut from the FY'04 budget.

Adrienne Lazeroff, Public Affairs Coordinator Planned Parenthood League of Massachusetts

Ms. Lazeroff thanked the Commission for holding a public hearing and talking about budget cuts, and their impact on women and families in the Commonwealth.

The Planned Parenthood League of Massachusetts is the largest freestanding provider of reproductive healthcare in the Commonwealth. Ms. Lazeroff noted,

Our health center serves over 41,000 people per year and our education programs reach over 17,000 young people per year. It is clear that there is a need for both a family planning service and education programs. However, recent budget cuts have had an impact on the number of patients we can serve and also the number of students that we can reach with our education programs.

Ms. Lazeroff further noted that family planning programs improve public health and save insurance and Medicaid dollars. For every public dollar that is spent on family planning services to prevent an unintended pregnancy, \$3 in Medicaid costs is saved for every prenatal and newborn care. As a result, through family planning services, Massachusetts saves approximately \$12 million each year in Medicaid costs.

Publicly supported contraceptive services in Massachusetts prevent approximately 30,000 unintended pregnancies each year. Increased access to Pap testing has reduced the incidence of cervical cancer 75 percent over the past 50 years. Ms. Lazeroff testified that Planned Parenthood has a number of educational programs that have been severely impacted by the budget cuts, and as a result, halting their ability to continue with those programs.

Commissioner Dianne Luby, Executive Director Planned Parenthood

Commissioner Luby responded by stating

Planned Parenthood had lost their HIV prevention program funding dollars this year.... We lost \$250,000 in funding for shelters, and domestic violence shelters." She further noted "What we are talking about are cuts that have already happened in FY'03, so in FY'04 there will be additional cuts to programs. So many of the things, like the HIV services, were cut across the board last year, and then for those few programs that are remaining, there are potentially additional cuts for next year.

Ms. Lazeroff said the program is in Conference Committee, so family planning hangs in the balance. The House of Representatives under funded it at \$3.1 million from \$11 million; the Senate put it in its budget at \$9.4 million.

Evelyn Keene

Ms. Keene said she attended because she was interested in what progress the Status of Women's Commission has made in the past several years.

I have been watching, hopefully, that this Committee would have some clout with the Governor and the Legislature; I have yet to see any clout. I don't mean to be critical, I just think that this Commission should

perhaps directly appeal to the Legislative agencies that can, and should, budget some money toward these groups. I would be heartbroken to see an organization like Planned Parenthood, the Rape Crisis Centers, or other major women's organizations go downhill. We need them. It's great to hear a report, but what good is a report if the Commission doesn't have the clout. That is what I would like to see.

Commissioner Fleckner thanked Ms. Keene for her remarks and stated that the Commission would be happy to discuss the specific issues she raised and asked that she leave her contact information.

Commissioner Alvarez-Rodriquez stated she wanted to briefly testify on her involvement with the Commission. She stated:

Often times it's difficult to make changes in a vacuum, but connecting the women directly to the State House, connecting them to this Commission, has made a difference for me and it's going to make a difference for a lot of other people.... When I sit down with the Mayor or a State Representatives and Senators they know that it's not just a delegation from Greater Lawrence looking at how they make decisions. Because I'm involved with a statewide group the news can get out further than Lawrence, it can go across the state. I believe that that's the power that we bring; we bring the power to be equal, to get all these different delegations together to fight for the things we're talking about here.

Commissioner Gomes-Beach thanked Ms. Keene for bringing up her concerns and stated:

I echo what my fellow Commissioners have said. One of the most difficult things for women is to see how change happens. Changing politics, changing the way policy is made at the state level and at the local level, is a difficult process. You haven't been able to see some of that success and change that we've been able to do, but it's there. We're frustrated a lot of times because we can't do it as fast as we'd like, but the change is there. We now have men listening not only to the Commission, but also to you. These hearings are very important, because when we're able to say we have gone throughout the state and this is the feedback, this is what your constituents are saying and then you've been able to work with our appointing authorities, the women who are appointed, who are elected to the state house listen and help push through legislation; and to make other representatives and senators who are gender biased understand some of the issues and the problems from our perspective.

Patricia Schroeder

Greater Boston National Organization for Women (NOW)

Ms. Schroeder testified that the National Organization for Women (NOW) is a multi-issue organization. "We work on racial justice, economic justice, lesbian, gay, bi-sexual and transgender civil rights, violence against women, and reproductive rights. The state's current fiscal crisis is devastating to women and their families in Boston and throughout the state."

She noted that the original House budget provided no restoration of state funded cash benefits or food stamps for immigrants, it proposed expansion of the 20-hour work requirement to include parents of children aged 2 to 6, and it would not count education and training as welfare work activity.

The Senate version does not restore food stamp benefits to legal immigrants and like the House would end state funded Mass Health coverage for approximately 8,900 legal immigrant adults who are ineligible for federally funded benefits. On April 16th of this year, the Women of Poverty task force (consisting of six state representatives) circulated a letter detailing the effect of the budget cuts on single mothers, low-income families and poor women in general.

In brief, the Women and Poverty task force highlights three points: that single mothers are experiencing a rapid decline in income as the cost of living increases, low-wage women are least likely to have access to education and child care, and inadequate welfare policies are compounding the economic insecurity of poor women and their families....

Ms. Schroeder further stated:

I'm sure that you are also aware of the devastating cuts to education, labor, homelessness programs and health care.... In short, women in this state are at risk of losing health care, shelter, childcare, education, family planning, welfare, food stamps, the list goes on, while corporations in this state are engaging in tax avoidance and enjoying special interest tax breaks implemented by the state legislature. So the state legislature must end its no new taxes message and in light of the widespread public outcry, stop these devastating budget cuts. To save the economic well being and physical health of women in this state, the Massachusetts State Legislature must restore the income tax and close these corporate tax loopholes. We urge the Commission to endorse the *Stop the Cuts Campaign* and in doing so protect Boston women and their families.

Commissioner Casavant responded by saying,

I'm the Treasurer of the AFL-CIO in Massachusetts and we're engaged in the *Stop the Cuts Campaign*, a public campaign to raise revenues in Massachusetts and I just wanted to add comments in terms of Patricia's testimony in order to get it on the record. Corporations in Massachusetts only contribute 4 percent of total income to this state and if you think about 4 percent of income revenue coming into Massachusetts because of all the subsidies and tax breaks they get that we don't know about, it hurts all the programs that we are talking about. We were promised that core services wouldn't be hurt when this administration came in. I would argue that everything that the women have discussed this morning are core services to us and the women of the Commonwealth of Massachusetts, and that was a false promise.

Maureen Lynch

Mayor's Commission on the Status of Women, Quincy, MA

Ms. Lynch testified:

I work at the Pine Street Inn as a counselor and I have been there for four years. I'm not speaking with Pine Street authority; I'm speaking as a private citizen. I went to the interfaith memorial on the Boston Common for the homeless who died this past year. There were 225 gravesites. This year was the greatest number of women and each year that I've gone, the number of women who are homeless increases.

I just wrote an article recently called "Does Anyone Really Care?" Recently 20,000 people lost Mass Health Insurance. There are many people who come to us raped, but don't mention it very much; we have a lot of HIV women. In the past four years I've never been able to get anyone into a rape center, there aren't enough of them and the rooms are filled. We get people at Pine Street Inn at night, mothers come in with children...we're not a family shelter, but we keep them for the night and then we get the DTA (Department of Transitional Assistance) office in the morning to help us to get another place that tries to help.

Becky Burkhold Cambridge Women's Center

Ms. Burkhold testified:

I am speaking as an individual rather than a representative for my organization. I come from the Women's Center in Cambridge. We are a non-profit, private center for women, kind of a multi-purpose center. We have a hotline and are a referral clearinghouse, with different information for women. Women can come in, and find health information, shelter,

etc. The reason I would like to say something is because I have a success story to share with all of you. One aspect of the Women's Center is a group called Women of Action. They are a grassroots community-organizing group that started up a year and a half ago. The group just recently received an award from the Boston Women's Fund for their success in a campaign that they ran, against the MBTA. The campaign was based on issues regarding transportation justice, especially for women. Services that the MBNA provides were not being provided, such as making sure that the elevators are clean so that women who have to use strollers to get up and down to the subway system don't have to be in elevators that aren't cleaned for two weeks at a time.

Technically, bus drivers are supposed to allow you to lower the lift if you would like to use a wheelchair, strollers or anything, if you ask. But, in reality that what was not happening. Women of Action targeted the MBTA and they have had a lot of success. There are signs up now on buses that makes women aware of their rights. They say, "Need a Lift? JUST ASK." They also changed their system to make sure the elevators are cleaned every two hours.

We've been talking a lot about accessing through the budget, through legislative means, but there is also this kind of grassroots group that is very strong. Their campaign now is with the Cambridge Housing Authority, trying to research and figure out a way to almost create a tenet board that would make the current board for the CHA more responsive to particular tenant needs in Cambridge. So, there is a lot of good work going on.

Judy Bradford

Fenway Community Health Center

Ms. Bradford testified:

I work at Fenway Community Health where I am the Director of Lesbian Health Research, and Co-Director with Dr. Kenneth Mayer of the Fenway Institute. Fenway has been serving the community of Boston, and Massachusetts as a whole for over 30 years and although we're most widely known for being a first responder to the HIV/AIDS epidemic, you may be surprised to know that 30 percent of our patient populations at Fenway are women.... Last year we saw 3,000 individual women. We provided nearly 20,000 visits: mental health, primary care, other types of visits, to women who come to our health center.... So, what I'd like to ask is whenever you have an opportunity to speak with very strong voices on the behalf of sexual minority women throughout the Boston area who need access to health care and who have some very unique needs, we

hope that you'll pay attention to these issues throughout all the work that you do.

Ronald Owens, Resource Advocate/Teacher WAITT House INC.

Mr. Owens testified:

The WAITT House stands for "We're All in This Together." Its mission is to bring people from difference cultures and races together harmoniously in a way that empowers them with the education, skills and support they need to improve the conditions in their lives and in their neighborhoods.

The WAITT House has the highest high school graduation rate then any other AV school in Boston, and recently we were partnered with Nellie Mae to take people from High School, to diploma reception, to college.

Our first cycle had an 87 percent success rate. The reason that I'm here is because most of the students (60 %) at the WAITT House are female. We started a female support group that's called the Women of WAITT House. It garnered a lot of interest and I am hoping that some organization or individual from here will champion this fledgling group, come in to the community where we have a space at the Vine Street Community Center and hold focus groups. So we can give the women in that community the use of their own voices to speak up for their issues...there should be no reason that people are homeless or in need of services that are being decimated across the Commonwealth. The next time WAITT House is represented, the women of WAITT House will speak because that's what this forum is for.

Alexis Renwanz

Ms. Renwanz stated:

I am a member of the Boston University community and a resident of Boston. I attended an abortion speak-out recently, in which young women, subject to parental consent laws, described their experiences with abortion. None of the girls obtained parental permission for their own personal reasons. Their situations prevented them from obtaining a safe legal abortion on the grounds that they are minors. The young women did everything in their power to terminate their pregnancies the only way they knew how. This includes punching themselves in the stomach repeatedly, taking obscene numbers of caffeine pills and drinking ridiculous amounts of alcoholic beverages. I submit that the parental consent law in MA, even with the option of judicial bypass, is unnecessary.

The next issue I'd like to address is the importance of funding for local rape crisis centers. Boston's college students will watch a campus crisis swell from bad to worse if the Massachusetts House cuts its funding by 70 percent, as is currently planned and previously mentioned. In theory, raped college students should not depend on local services because specialized advocacy falls within a college goal of supporting students as they pursue their education. However, the reality of key administrators' attitudes toward rape on their campuses pointedly betrays this ideal. Neither Northeastern University nor Boston University has a rape crisis center, despite credible statistics showing that college-aged women are at the highest risk of being raped in their lives. I submit that restoring the 70 percent of funding to rape crisis centers is imperative. I think that the Commission should seriously examine that issue and advocate on behalf of the rape crisis centers.

Toni Troop Jane Doe Inc.

Ms. Troop stated:

Jane Doe is the member coalition of nearly 60 statewide domestic violence and sexual assault programs throughout Massachusetts. This network of programs provides services ranging from 24-hour hotlines to emergency shelter, transitional living programs, residential programs, individual counseling support groups, legal, and medical advocacy efforts.... We need to be educating the Legislators, working with the Administration to ensure that the range of services that women need are understood and funded in a long-term way. We should never be back in the position of opening up the budget and looking at it and seeing that all rape crisis centers funding was taken away.

Meghan Wagner Medical Foundation

Ms. Wagner testified:

I work for the Medical Foundation, which is a private non-profit organization in the South End. However, we also have the regional Center for Healthy Communities, in Dorchester-Codman Square. I run "Healthy Girls, Healthy Women," which is a one-year project.... I work with two groups, a group of 13-17 year-old teen girls and a group of 18-25 year old adult women. I educate them on healthy choices in nutrition and physical activities, specifically to prevent osteoporosis because now is the time to prevent it. So, when they are 40, 50 or 60 years old, they don't have to then realize the effect of a poor diet. Then wish they had made better choices as an adolescent. We work with them to educate

them. The funding for this project will be expiring and with all the funding cuts across Massachusetts we are struggling to find funding.

Laurie Robinson

US Dept. of Health and Human Services on Women's Health

Ms. Robinson stated:

We know that women who have been incarcerated have much higher rates of experiencing both intimate partner violence and childhood sexual abuse. Some studies show that as many as 70 or 80 percent of women who have been incarcerated have experienced this type of violence in their lives. In addition, women who are incarcerated have higher rates of HIV/AIDS, and many of their sentences are related to substance abuse issues, both their own or their partners. There are already too few services for women and women with children. Women coming out of the prison or jail system need those services to help them with re-integration, and they aren't there for them.

This is a very vulnerable group of women. In addition, affordable housing and access to jobs are particularly important. When women come out of the system, if they don't have these supports, it is a revolving door. In some cases up to 70 percent of women who are incarcerated have children, and so you're affecting a family unit. Women who are incarcerated still have care-giving responsibilities for their children. Children are cared for by their extended family, so you get into the grand parenting issue. I would just ask you to look at this group of women as very vulnerable, having significant needs and often forgotten in our society.

Maria Blanco

Parent and University of Massachusetts Student

Ms. Blanco stated:

I just want to revisit the budget cuts that everyone has been talking about. I'm a community health worker in the maternal child health field. I'm also the parent of a pre-school daughter and a student at UMASS Boston's College of Public and Community Service. I work as a breast-feeding peer counselor for WIC in Cambridge and as a birth sister who accompanies women during labor, and birth, at Boston Medical Center. I do outreach with low-income women in welfare offices through a non-profit advocacy organization called Survivors, Inc....

This is my personal story. My family receives Mass Health insurance and I lost my coverage to see my dentist, my chiropractor and to get eyeglasses. I also have a new co-payment on my medication. I attend

UMASS Boston, a public university. The budget cuts to higher education is lowering the quality of my education and it's becoming unaffordable. I'm seeing fewer courses offered in Women's and Ethnic studies, which are my areas of concentration. My tuition has risen, and my state scholarship has been lowered. My (MBTA) T pass has been cut off with the elimination of the Department of Transitional Assistance Employment Service's program. Funding for the Office of Child Care services has been restricted and the waiting list for income eligible childcare subsidies is essentially frozen. I understand that there are 19,000 family's waiting in line. Applicants are being told that the waiting period is two and a half years long. By the time the voucher is available, the child no longer needs it because they are eligible for pre-school or head start.

As a parent who left public assistance last year, I'm theoretically eligible for a special transitional voucher. However, the work requirement conflicts with my education goals and parenting duties, so I am unable to obtain a subsidy.

When I calculated what I would have to pay to obtain all of these necessary services the state no longer subsidizes, my family's annual budget had been cut by \$8,767, and I haven't included the more long-standing impacts of the inflated cost of housing in our state and the freeze on Section-8 vouchers. The de-funding of the health care, human services, and education programs has caused me great difficulty and I've had to make accommodations, such as going without health care, not eating well, borrowing money from friends and family, and double up living with another family. We are seven people in a two-bedroom apartment. The message I want you to take from my experience is that families and individuals across our state are affected by disinvestments in not just one program but also many. The total picture presents a severe impact on the finances of low-income residents of the Commonwealth.

The budget cuts and the way our Massachusetts government chooses to balance its budget are etching away at low-income families ability to survive.

Kysha Allen

Ms. Allen stated:

I'm a resident of Dorchester, and a student at the WAITT (We are All in This Together) House program. The budget cut to MassHealth is affecting me. I have a 4-year old son who suffers from severe asthma and acid reflux disease. He has been hospitalized eight times over the last two

years, three times in intensive care. He gets eight different medications that total up to over a \$1,000 a month. Even with his father working two jobs without Mass Health, how will my son survive? If you don't have insurance, hospitals don't want to treat you. I am really affected by the cuts, and I don't know what we are going to do.

Response from Commissioner Helen Jackson:

"Have you tried the Franciscan Children's Hospital?"

Ms. Allen responded:

"I just started working with the Pulmonary Clinic at Children's Hospital, and she was going to send my son for a referral over there. I haven't got the information yet."

Commissioner Jackson urged Ms. Allen to contact her if she doesn't receive the information.

Closing Remarks

Chair Fleckner thanked everyone who came to the public hearing and adjourned the hearing at 7p.m., one half hour past its advertised end time.